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ABSTRACT

Examining in particular the impact of fostering on birth children, this article reviews the literature on the needs of birth children of foster parents. Among the findings are that the behavior and emotional difficulties of the foster child, and the difficulties between foster children and birth children in one family are two factors that influence foster placement stability. There is a negative relationship between birth children and placement stability in foster homes. Fostering places four stresses on a foster family: disruption of family equilibrium; coping with a child in transition; dealing with an alien agency; and harboring great expectations. Dealing with troubled children requires special skills. Based on the literature review, it is recommended that foster children be carefully matched to the foster family, that the birth children of foster families be prepared for fostering, and that the whole family be trained and helped to understand their role in foster care delivery. It is also suggested that because the literature on foster family birth children's needs is scarce, more research in this area is needed. (AS)

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Foster Care Delivery and the Needs of Birth Children of Foster Parents

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Abstract

The literature review focuses on the needs of birth children of foster parents. The impact of fostering on birth children and the special stresses they face are examined. Supportive measures found useful in helping birth children are delineated. The review further explores the relationship between placement stability, foster family retention, and needs of birth children. Indications are that difficulties between birth and foster children influence foster placement stability and foster family retention. The review suggests the needs of birth children have been minimized. However, efforts in meeting those needs are gradually increasing and feedback regarding those efforts has been positive.

Foster Care Delivery and the Needs of Birth Children of Foster Parents

On any given day in the United States, there are nearly 500,000 children living in foster care placements (Reidy, 1995). Foster care is the substitute care provided children when they are deemed unable to live with their own families (New Hampshire Department of Health and Human Services, 1988). Foster care delivery includes intake, placement, case management, and permanency planning for foster children and their birth families (North American Council on Adoptable Children, 1990). With the passage of the Adoption Assistance and Child Welfare Act of 1980, referred to as P.L. 96-272, children at risk for abuse and neglect are not placed in foster care until every reasonable effort is made to keep their families together. If a child must be placed in foster care, effort is made to place the child in the least restrictive environment with a good match between placement and child (Everett, 1995). Under P.L. 96-272, each child entering the foster care system must have a permanency plan so they do not linger in foster care indefinitely. Family reunification is the most common permanency plan (Everett, 1995). The intent of P.L. 96-272 was to reduce numbers of children in foster care, preserve families, and help children find permanent homes when their own families were not available. There was a temporary decline of children in foster care after passage of P.L. 96-272 (Rovner, 1991). However, the number of children in foster care has increased from 245,000 in 1985 (Evans, 1990) to over 500,000 in 1995 (Reidy, 1995). Many attribute this to increases in alcohol abuse, crack cocaine use, AIDS, homelessness, and teen pregnancies, problems that tend to be more chronic and require more intervention resources than earlier family preservation efforts (Curtis & McCullough, 1993;

MacDonald, 1994; Rovner,1991). Children coming into foster care are generally more troubled than in the past (Curtis & McCullough, 1993; Evans, 1990; Rovner, 1991; Steinhauer, 1984). At a time when foster families require greater skill in dealing successfully with the deeper problems of children and their families, foster families are leaving the system in great numbers (Evans, 1990). Nationally, fewer than 100,000 foster homes are accepting placements of foster children (Evans, 1993). While the numbers of children in foster care is increasing, the pool of experienced foster families is decreasing (Rovner, 1991). Spar (as cited in Everett, 1995) noted a 47% increase in children in foster care, and a 27% decrease in foster family homes between 1985 and 1990. Foster families point to their own children's needs as one reason for leaving the foster care system (Anderson, 1988). Similarly, foster families often request removals of individual foster children from the home because of difficulties between the foster and birth children (Cautley & Aldridge, 1973). When specific issues are mentioned, parents identified concerns about birth children being abused by foster children, their children being exposed to behaviors they otherwise would not have been, excessive fighting, and limited time available for birth children (Cautley & Aldridge, 1973). Others identified the need for training for birth children (Norgard & Mayhall, 1982; Schatz, 1988). Birth children expressed the need for parental understanding and time alone with parents (Johnston, 1988; Steinhauer, Johnston, & Hornick, 1989).

The purpose of this paper is to conduct a literature review to examine the influence of birth children's needs on foster care delivery. Three questions are addressed in this paper. They are: (a) How do the perceived needs of birth children influence foster care delivery? (b) What are the identified needs of birth children? and (c) How are those needs currently met? If

birth children's needs influence foster care delivery, it seems important to identify those needs, examine how and to what degree they influence delivery, and what can be done to improve birth children's ability to cope positively with foster family care. With a foster care system in crisis (National CASA Association, 1989), examining possible improvements from a multitude of perspectives seems prudent and necessary. Birth children's needs are one of these perspectives.

Literature Review

Background

Retention, placement, and prediction studies were reviewed in an attempt to answer the question, "How do the perceived needs of birth children influence foster care delivery?" The studies varied in their definitions of foster care success, populations studied, and the types of foster care service provided, making it difficult to compare them. The second section speaks to the needs of birth children as reported in the literature. It attempts to answer the question, "What are the identified needs of birth children?" Finally, methods of helping birth children deal with the foster care experience are examined. The question, "How are birth children's needs currently met?" is addressed in this final section.

Birth Children and Foster Care Delivery Impact

Anderson (1988) examined foster home retention in the San Francisco Bay Area. Through an anonymous written survey, she sought foster parent feedback on retention. Caution must be used with Anderson's findings as the methodology for survey development was not described, tests of significance were not done, and convenience sampling was used. When Anderson asked foster parents to rank the top three reasons for leaving foster care,

"conflicts, demands on foster biological family" was ranked thirteenth out of twenty one items. This item was not on the original ranking list, instead was added under the "other" category by respondents. When asked the question "What could have been done to prevent foster parents from leaving?" "support for the foster parent's own biological family" was listed sixth out of twenty suggestions. Concern for biological family support was not included in the executive summary. Instead, less frequently mentioned suggestions were emphasized.

Cautley and Aldridge (1973) studied foster placement stability. They wondered whether predictions of foster parent success in dealing with school age children could be made based upon information gathered during the home study process. Success was defined as a foster family not requesting the removal of a placed child. Cautley and Aldridge interviewed sample families and their social workers on a regular basis, using a consistent format. Interviews were taped and reviewed by trained reviewers. The sample consisted of 145 foster parent applicant families who met predetermined criteria. To control for the effect of periodic interviews, a smaller random sample was drawn from the original sample. As a measure of the difficulty level of the child, the Child Behavior Characteristics Schedule was completed periodically by both social workers and foster mothers. According to Cautley and Aldridge, the relative difficulty level of the child at placement, as determined by the Child Behavior Characteristics Schedule, was a statistically significant factor in foster placement stability. Other combinations of child and family characteristics were important predictors of success. Favorable factors were (a) no preschool children in the foster home, (b) the foster child being the youngest of the children in the foster home, and (c) adequate time given to foster home preparation with the inclusion of the foster father in that preparation.

Alternatively, one third of the new families in this study requested removal of a child (Cautley & Aldridge, 1973). This was considered a placement failure. New families requesting removal were divided into early removal families (before 9 months) and later removal families (12 months on). The social workers and foster families involved in removals were asked about their perceptions of reasons for removal and whether social worker input would have been beneficial. Both social workers and foster parents reported difficulty between foster children and foster parents' birth children with greater frequency in families requesting removals than in those families with placements lasting over 18 months. When examining the raw data more closely, 23 homes requested removal 9 months or earlier into the placement. Of those 23 homes, 17 (74%) mentioned problems between birth children and foster children as the explanation for removal. Of the six remaining homes, three had no birth children, one had no interview as the placement only lasted 16 days, and the other two did not mention problems with their birth children. Calculations reveal 85% of the early removal families having birth children, requested removal because of difficulties concerning foster children and biological children. Similarly, of the sixteen late removal families, six (37%) requested removal due to problems involving the birth child and foster child. Seven (43%) removals were due to difficulty handling the child. When all the families in the study who requested removals are considered, 59% did so because of problems between birth and foster children. Included in the raw data was a category regarding whether social worker input would be worth the effort in averting removal. From social workers, phrases such as "lack of commitment" and "too much broadening needed" appeared repeatedly. In interviews with families, among the important kinds of help and support judged to be a good investment of

worker effort were reassurance during times of doubt, pre-placement preparation, help in handling rivalry with own children, and preparation sessions for the entire family.

While the Cautley prediction study examined many kinds of placement factors, an earlier prediction study done in Great Britain by Parker (1966) looked only at information known at placement and placement outcome. He reasoned there was a wealth of information contained in case records which if analyzed could make for better decision making in the future, leading to greater placement stability. Through a data collection method designed to eliminate preconceived ideas of relevance and increase reliability of statistics, he found 83 items of child related information and 33 items of foster parent related information. From the analysis of that data, Parker found that placements with older children, children with behavior problems, those with mental disability, or those spending more than three years in institutional living were more likely to fail. Regarding the foster home, Parker found a statistically significant association between failure and the presence of foster parents' birth children in the home, particularly if that child is under five years of age or is within five years of the placed child. Rates of failure were not statistically significant when there were other children, who were not the foster parents' offspring, living in the home.

Unlike the studies mentioned thus far, Gruber (1978) found that foster parents requested removal due to problems with other children only 4.8% of the time. The largest percentage of removal requests, 25.4% were due to the child's behavior. Gruber's figures concern only children who had experienced multiple removals. His methodology was quite unlike others. He did a massive one day survey, attempting to gather data on every child in foster home care in Massachusetts (public and private) on November 18, 1971. The study was

divided into three phases, the first being a questionnaire to social workers, which had a 98.8% return. This was followed by the second and third phases which involved random selection and separate research instruments for parents, and finally a fourth phase which examined policies.

A foster care stability study frequently cited in the literature was done by Pardeck (1982). Pardeck only examined the foster child's characteristics, the foster child's natural family characteristics, and the agency providing the foster care service. He did not consider birth children's presence as a variable. Pardeck found the variable having the greatest impact on foster care stability was the foster child, not the natural family or the agency. Pardeck found children with behavioral or emotional problems have a tendency to experience unstable care.

Summary

A common finding running throughout the Anderson (1988) retention study, and the Cautley and Aldridge (1973), Parker (1966), Gruber (1978), and Pardeck (1982) placement and prediction studies was the placed child's behavioral and emotional difficulties influence placement stability. Likewise, with the exception of the Pardeck study which did not include birth children as a variable, difficulties between birth children and foster children in the home influenced foster placement stability.

Needs of Birth Children, Specific to Foster Care

The entrance of another child, whether emotionally troubled or not, impacts a family (Wolfe, 1987). In a practice oriented article, Wilkes (1974) examined the influence of fostering on the foster family. He identified four stresses: disruption of family equilibrium;

coping with a child in transition; dealing with an "alien agency;" and harboring great expectations. According to Wilkes, disruptions in family equilibrium resulted in birth children coping with changes in simple roles and habits, time available from family members, the number of relationships within the family, and their position in the new number of possible family groups. Children in foster families experienced feelings of abandonment when a new foster child arrived. Birth children experienced stress, yet were expected to be nice to the new child. Expressions of hostility were generally discouraged. Wilkes stated problems experienced in transition will decrease if birth children's problems are understood and appropriate adjustments are made in the family. At a time when the birth child was transitioning and feeling emotionally vulnerable, he or she was expected to cope with a child also in transition. Coping can be especially difficult if the child entering the family was exhibiting problematic defenses, or if the birth child sensed discrepancies in discipline or expectations. Wilkes further described how agencies often make decisions about placement without giving children in the home any prior opportunity to voice their opinions, concerns, or objections. Birth children were found to be passive recipients of decisions regarding who comes and goes in their families.

Kaplan's (1988) pilot study of biological children of foster parents supported Wilkes' work. She explored psychological issues arising in foster parents' birth children. She hypothesized there would be a difference between mother's and their children's perceptions and understandings of the fostering experience. Specifically, mothers would overestimate the child's acceptance of fostering explanations and minimize separation anxiety and superego conflicts aroused by fostering. Through a series of separate one hour semi-structured

interviews done with 15 birth children and their mothers, Kaplan examined birth children's emotional issues. These included ideas of intentional abandonment, separation anxiety, superego conflicts, adaptive or nonadaptive fantasies regarding the fostering experience, and maternal attunement to the child's concerns. Kaplan clearly stated the sample was not representative of foster families nationally. She found more than half the children expressed ideas of intentional abandonment. This was more consistent for children aged 6-8 years, than children aged 9-12 years. Separation anxiety and superego conflicts were high in most of the children. The younger children's separation anxiety centered on concern for their own security, while the older children's anxiety was related to empathy for the foster child. Regarding superego conflict, younger children were concerned they might be abandoned because of being bad. Older children had a tendency to have guilt feelings. Nonadaptive fantasy material elicited through a mutual storytelling technique was associated with high superego conflict scores. Nonadaptive fantasies included stories that were frightening, sad, without resolution of conflict, or non-existent. There was an apparent inverse relationship between the degree of maternal attunement and the degrees of separation anxiety and superego conflict. Kaplan concluded that fostering may be more stressful for birth children under eight years, possibly due to their egocentricity, weaker logical tools, smaller repertoire of defenses for coping, and less sensitization to fostering. She felt her original hypotheses were supported.

In addition to the emotional stress of coping with fostering and family changes in general, birth children are often challenged directly and indirectly by the difficult behaviors of their new foster siblings. Among behaviors commonly seen in troubled children are temper tantrums, enuresis, lack of concentration, destructiveness, and stealing (Rowe, Cain, Hundleby,

& Keane, 1984). Rosenthal (1987) reported behaviors of many abused and neglected children as a ritualistic undoing of vulnerabilities they felt. Defenses against the vulnerabilities were seen in children who were domineering, controlling, compulsive, aggressive towards others, conceited, never to blame, and hoard objects (Rosenthal, 1987). Similarly, Kaufman (1970) saw problematic behaviors of impulsivity, excessive inhibition, aggressive behavior, and sexual acting out, as ways foster children attempted to deal with the painful feelings they experienced. Kunstal (1995) explained how the sibling roles many foster children developed in their families of origin left them ill-prepared to relate normally and naturally to other children. Kunstal (1995) admonished parents to protect children from the pathology of the new child. Each child's needs must be considered. Otherwise, the potential exists for a weakened emotional bond between parent and child where there once was a strong one (Kunstal, 1995).

Reports from a support group for birth children described many frustrations, difficulties, and disappointments birth children experience while fostering difficult children (Johnston, 1988; Steinhauer, Johnston, & Hornick, 1989). Steinhauer, Johnston, and Hornick (1989) found birth children expressed an intellectual understanding of the importance of foster care and their parents continued love for them. Emotionally, birth children felt ignored, unloved, resentful, relegated to second place, invaded, and conflicted (Steinhauer, Johnston, & Hornick, 1989). Anecdotal information from adults whose parents were fostering as they were growing up reveal stories of difficulty, trauma, and pain (B. Jordan, personal communication, 1991; J. Merrithew, personal communication, 1994). Many (Kaplan & Seitz, 1980; Kaufman, 1970; Mitchell, 1990; Phelps, 1989; Radinsky, 1970; Schaffer & Dangerfield, 1990;

Steinhauer, 1984, 1983; Woolf, 1990) have advocated more training for foster parents to deal successfully with the troubling behaviors of foster children.

Supportive Measures Available to Birth Children

In her foster care training needs assessment, Schatz (1988) surveyed Colorado foster care providers concerning their perceived training needs. Every foster mother interviewed stated the need for training which included the whole family, not just the adults. Yet the training modules developed from the needs assessment did not address the needs of their children.

Norgard and Mayhall (1982) reported on a similar process in Arizona. Like the Colorado survey, a need for inclusion of the whole family was identified. However in this case, that need was directly addressed by developing the Arizona Foster Family Institute. Feedback on all training modalities indicated the family institute received the highest ratings of effectiveness.

The NOVA University curriculum (Woolf, 1987) used throughout the United States as a training program for prospective foster parents, was reviewed. Of the six sessions outlined, one full session is devoted to foster family impact. This session is geared to parents helping their family adjust. There are no specifics written to help children directly. Within the last five years there have been workshops offered at the state and regional levels which focus on foster parents helping their birth children cope with fostering (Jordan, 1991; Merrithew, 1991, 1992, 1994). In addition, Jordan (1991a, 1991b) has developed two curriculums designed specifically for birth children of foster parents. One addresses fostering in general (Jordan, 1991b) and the other addresses special issues which arise when living with a child who has

been sexually abused (Jordan, 1991a).

Written resources available to the average foster parent were reviewed. General books introducing parents to foster care (Kaplan & Seitz 1980; State of Maine Department of Human Services, 1986) acknowledged fostering will impact birth children. The books did not go into detail about what that impact will be, nor how to cope with it. One article mentioned bibliotherapy as useful to foster children (Pardeck & Pardeck, 1987). While not specific to birth children, facets of the experiences portrayed in the books listed are also familiar to birth children.

Besides training and written resources, support groups were sometimes mentioned as a resource. While examining the differences between group and individual support methods for foster parents, Steinhauer et al. (1989) allowed the development of a support group for the birth children of foster parent participants. It developed as a natural outgrowth of an adult support group. The authors reported children found the group quite useful as they learned coping methods, expressed feelings, and realized they were not alone.

Discussion

There appears to be a negative relationship between the presence of birth children in a foster home and placement stability. Given the stress placed on the foster care agency and the foster child when a placement change becomes necessary, it is logical to examine this relationship more closely. Additional indications are behavior problems of foster children also may be related in some way to placement stability. Problem behaviors can impinge on children in the family. Further investigation into the relationship between birth children's needs and foster children's behaviors may lead to the development and testing of strategies for

alleviating problems and strengthening coping. Likewise, if concern about the effects of fostering on birth children leads parents to discontinue fostering, or if birth children are being hurt by fostering, it is reasonable to develop positive ways of helping birth children cope and grow from the experience. It is possible that as birth children improve their coping, more foster families might be retained. With higher retention rates, the number of experienced foster families increases. A larger pool of foster families allows for better matching of foster child to foster families. As foster home care moves towards therapeutic care, it seems beneficial to have experienced parents and experienced siblings available, who know how to cope with disturbed children from disorganized backgrounds.

Dealing with troubled children in a useful way requires special skill. The behaviors children display can be difficult for adults, taxing their patience, knowledge, and abilities. Presumably, adults have developed a variety of coping skills, and have a wealth of life experiences from which to draw when dealing with difficult children. How children cope with the difficult, sometimes pathological, behaviors of foster siblings remains unanswered. Birth children's special strengths, difficulties, and challenges in dealing with such behaviors remain unexamined. However, as the system is flooded with more and more troubled children, the situation itself will force an examination of this issue. Whether it is a proactive examination or a reactive one is unclear at this point. Proactive examination has a better chance of being more complete and thoughtful.

The call to look at birth children's needs has been sporadically addressed throughout the last thirty years (Johnston, 1988; Jordan, 1991a, 1991b; Kaplan, 1988; Norgard & Mayhall,1982; Parker 1966; Steinhauer, Johnston, & Hornick, 1989). Initial attempts to meet

those needs have begun (Jordan, 1991a, 1991b; Merrithew, 1991, 1992, 1994; Norgard and Mayhall, 1982; Steinbauer et al., 1989; Woolf, 1987). It seems that while needs are recognized, they also are downplayed, nebulous, and not addressed in any systematic way. Birth children's needs are downplayed by the children themselves who do not feel free to express conflictual feelings. Foster parents may minimize difficulties by attributing them to a normal part of family living. Social workers may not understand the depth of grief foster parents experience watching their own children hurt by the fostering experience.

Birth children's needs apparently have been downplayed by researchers. There were literally thousands of interviews, questionnaires, and case reviews represented in the literature reviewed for this project. Only 15 were with birth children of foster parents. Kaplan (1988), who interviewed those 15 children, clearly states the sample was not representative of foster families nationally. Accordingly, the findings were not definitive. In some of the studies, the data regarding birth children's needs were minimized. The Anderson (1988) study for instance, mentioned retention factors of less frequent occurrence then birth children's needs in her summary. Despite the 100% expressed need by foster parents to include children in foster care training, the Schatz (1988) study indicated this was ignored. Even in the Cautley and Aldridge (1973) study which acknowledged the importance of birth children to prediction of foster family success, the impact of the families' stressors related to birth children's needs appeared minimized.

While research on birth children's needs is scarce, it does seem to indicate birth children of foster parents face special stressors, and need help and support in dealing with those stressors. Some recommendations indicated by the literature include careful matching of

foster child to foster family, and preparation of birth children for fostering. Once fostering, the literature suggests training which incorporates the whole family, including children. It is suggested birth children need help in understanding foster care and their family's role in foster care delivery. Additionally, they may need help in developing coping skills specific to fostering. As recommended by Kunstal (1995), birth children need help in protecting themselves from the pathology of some of the foster children with whom they may share a home. It is recommended that birth children have opportunities to be heard and supported in the very important contribution they make to the foster care system. Support can come from foster parents, social workers, and support groups. The questions regarding birth children's needs and their influence on foster care delivery are just beginning to be asked and answered. Much more research is needed to address these issues fully.

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